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ABSTRACT

This investigation attempts to determine whether or not elementary school student's inappropriate classroom behavior can be altered through the use of a video self-modeling procedure (VSM). The frequency of inappropriate behavior was observed from videotapes and recorded for twenty six subjects, thirteen of whom were placed in a VSM group and thirteen in a no treatment-control group. Overall, inappropriate behavior decreased in the VSM group but not in the control group. (Contains 12 references and 3 tables.) (Author)

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Running head: VIDEO SELF- MODELING EFFECTS ON STUDENT BEHAVIORS

Effects of Video-Self Modeling on Inappropriate Behavior in Elementary School Students

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Abstract

The investigation attempts to determine whether or not elementary school student's inappropriate classroom behavior can be altered through the use of a video self-modeling procedure (VSM). The frequency of inappropriate behavior was observed from video tapes and recorded for twenty six subjects, thirteen of whom were placed in a VSM group and thirteen in a no-treatment –control group. Overall, inappropriate behavior decreased in the VSM group but not in the control group.

Effects of Video Self-Modeling on Inappropriate Behavior in elementary School Students

Video self-modeling (VSM) is a treatment approach in which people review video recordings of themselves depicting only desired targeted behaviors. VSM tapes are made written, produced, and edited into tapes lasting no more than 5 minutes duration. The person (subject) then watches the video of him or herself performing the desired behavior at a level to improve current functioning. VSM tapes focus only on positive self-images of behavior. This focus is intended to modify either the frequency or quality of a subject's behavior, or to develop an entirely new behavioral repertoire (Pigott, 2003).

The history of using videotaped playback and video self-modeling as instructional strategies dates back more than thirty years. Creer and Miklich (1970) reported a case study with a boy named "Chuck" that became one of the first published studies to exemplify how VSM could be utilized to modify problematic behavior. That study was the first article reported in the literature to use the term "self-modeling".

Chuck was a 10 year old asthmatic boy in treatment at the National Asthmatic Center in Denver, Colorado. Chuck's behavior was described as "immature and nonassertive". Chuck spent most of his time alone watching television or reading comic books. When Chuck attempted to join social activities with peers he was often rebuffed, criticized, and teased. Peers taunted Chuck by calling him names like "baby" or "boob". After being ridiculed, Chuck would cry and withdraw alone to his room. In the presence of adults, Chuck often giggled. He sought adult attention by attempting to tickle the adult and engaged in behaviors like jumping from his chair onto the interviewer's lap. Chuck overslept most mornings which left little time to make his bed or clean his room. He also

did not to report to the dispensary on time for his medication. Creer and Miklich designed a procedure using a videotape in which "Chuck" role-played himself as the model. Their assessment of the results led them to conclude that the role play itself had no effect on Chuck's behavior. However, they reported viewing the role play on tape did.

Breen, M.P, Diehl, and Roderick (1970) studied the effects of videotaped playback and teacher comments on student communication and anxiety during task performance. Items like stuttering, sentence incompletion, repetitions, and sounds like "ahs'demonstrated by students were included in categories the investigators described as "non-fluencies". Videotaped playback without teacher comment resulted in almost double the non-fluencies of those resulting from teacher comment. Using both video playback with teacher comment worked best. They also reported that the mere presence of a television camera and recorder decreased student anxiety.

Walther and Beare (1991) studied the effect of videotaped feedback on the on-task behavior of a fourth grade male. The student was in a self-contained classroom for students with emotional/behavioral disorders. A single subject design was used to evaluate the effects on the intervention for student's time on task. The student viewed daily videotapes of himself while completing assignments at his desk. The videotape reviews were combined with self-recording and a teacher questioning period. The results of the study revealed an increase in time on task percentage during the intervention, a decrease while returning to baseline, and an increase during re-intervention. The researchers suggested that a "functional relationship seemed to exist between the videotaped procedure and the students' time on task behavior rate".

Kern-Dunlap, Lee, and others, (1992) conducted a study of the effects of a videotape feedback package on the peer interactions of children with behavioral and emotional challenges. The project involved five elementary age students. Results of the study demonstrated the effectiveness of an intervention package comparing (a) observation of videotape following peer activity sessions, (b) self-evaluation of peer interactions observed on videotape, and (c) delayed feedback and reinforcement for desirable peer interactions.

Lonnecker, C. Brady, M. P., McPherson, R., Hawkins, J. (1994) studied the effect of video self-modeling (VSM) and cooperative classroom behavior in children with learning and behavior problems. The researchers focused on training and generalization effects. They reported that behavior change brought about by VSM generalizes to other settings, in addition to the one where newly acquired behavior was learned. The study found that an instructional package incorporating videotaped self-assessment, self-modeling, discrimination training, and behavior rehearsal helped the children acquire cooperative classroom behaviors and generalize and maintain those behaviors.

George Falk and others (1996) conducted an analysis of self-evaluation and videotaped playback for improving the peer interactions of students. Student participants demonstrated concerns with externalizing and internalizing behavioral problems. The study looked at the effects of self-evaluation on eighteen children with behavioral problems in inclusive elementary classrooms. The self-evaluation procedure utilized videotapes of the students' interactions with their peers. The results showed increases in appropriate interactions for students with internalizing behavioral problems. There was a decrease in inappropriate interactions for those with external behavior problems.

Peter Dowrick (1999) reviewed over 150 studies that examined the use of VSM and concluded that "learning from the observations of one's own successful or adaptive behaviors (or images of it) is evidence of VSM as a mechanism in its own right" as a treatment technique. Behavioral strategies like role playing, positive reinforcers and others can also be used with VSM. Pigott (2003) reported that "there are few if any, adaptive behaviors that are not amenable to self-modeling. The only requirement is that the change is something that the person will perceive as desirable when viewing the self-modeling tape".

Pigott (2003) listed explanations that have generally been accepted to explain why VSM is thought to work in many situations. VSM has been found to be effective when applied to modify targeted behaviors in children and adults afflicted with a variety of disabilities. Pigott's discussion of research using VSM with Autistic Spectrum Disorder children described the VSM procedure as a highly promising treatment strategy. Studies have shown that cooperative on task behaviors like hand raising will increase with the use of VSM. VSM can assist is decreasing inappropriate behavior like hand flapping, self-hitting, selective autism, and off task behaviors. Classroom behaviors like participating in discussions by raising one's hand, answering questions, and conversing appropriately with peers have been taught. Selective editing of videotapes has been used to assist preschool children in acquiring appropriate play behaviors. "The behavioral gains produced by VSM occur rapidly and tend to generalize to the natural environment and other closely related behaviors." (Pigott). VSM has been applied in sports to improve the performance skills of athletes.

VSM has been utilized to assist elementary age students from grades 1-4 to learn how to read (Keys, C.B. and Dowrick, P. (Eds.) 2001). In that study teachers identified students as being in the bottom 15% of the class and at risk academically for school failure. Approximately 80% of the participants improved one or more reading grade levels VSM has been used as well to involve middle school students in instructional strategies who were otherwise considered at risk for school failure (Elkind D.H. and Sweet, F., 2003).

Many of the reports described above have been limited in scope, included a small number of subjects, and did not have good controls. Research conducted on a larger scale to include more subjects with a wide range of inappropriate behaviors, particularly in elementary school settings, could have significant implications for whether or not VSM is an efficient, effective, and economical treatment strategy.

The present study controls for historical and maturational factors. It uses video productions based on observed high frequency concretely defined behaviors.
The hypothesis was that the VSM procedure utilized in this study would result in a decrease in inappropriate behavior in elementary school students in their classrooms.

Methodology

Selection of Subjects

Twenty six-elementary age students (grades K-5) in regular and special education classrooms in the Green Bay Wisconsin Area Public School District were involved in a study utilizing VSM. Students involved in the study showed high frequency inappropriate behaviors according to teacher reports. Parental consent as well as permission from classroom teachers, Teacher Union representatives, building principals, and District

administrators was obtained. There were four girls, and twenty boys involved in the study. Four subjects were from kindergarten, twelve from first grade, two from second grade, two from third grade, four from fourth grade, and two from fifth grade. The study was conducted over a five month period beginning in January 2003 and concluded the last week of May 2003.

Project Staff

Seven staff persons were involved in the study effort. Four were experienced special education teachers, one had eight years experience as a paraprofessional aide in special education classrooms, and one was an experienced school social worker who was the project manager. The project consultant was trained, and had over thirty five years experience at the doctoral level in clinical psychology. Each staff member did behavioral ratings of subjects. The school social worker, teachers, and paraprofessional (videographers) did the pre and post video taping of student activities. The school social worker, teachers, and paraprofessional met with each VSM subject to view the VSM tapes produced.

Videotaping Procedure

Videographers consulted with classroom teachers to determine the behavioral expectations for subjects during activities to be videotaped, and asked what students were instructed to do. This information was recorded prior to videotaping a subject in the activity. Staff recorded the time, date, and activity as well as the class, and teacher. Videotaping did not occur in the absence of the regular classroom teacher. Subjects were not videotaped if they reported having symptoms of ill health like headaches, or were otherwise indisposed.

Videographers acclimated themselves to locations within the classrooms. In planning for the videotaping it was necessary to get a clear view and audio recording of all the behavior of the students. Camcorders were located in places such that sources of lighting like sun light were behind the camcorder. The camcorders were positioned on the side of the subjects during a particular activity so that the subject's face, hands, and legs, as well as other students directly around the subject were visible. It was important to see the subjects' eyes and to determine on what and where they should be focused. E.g., was the subject expected to be looking at the teacher, or his/her work, or another student making a presentation. It was important to show on the video where the teacher or other speaker making a presentation was standing or sitting. It was important to position cameras to pick up the verbalizations or other noise being made. Videographers attempted to record and/ or make note of what was said if a teacher spoke to the subject. If a subject moved out of the video picture the lens was moved to follow the subject. Anyone each subject interacted with was also videotaped. If the subject left the room, the taping was continued such that at least thirty minutes of video was obtained of the subject's behavior in the room.

Videographers strived to be as unobtrusive as possible so as to not interfere with the instructional process. If subjects being videotaped looked at the videographers, staff showed no response and attempted to look at objects away from the subjects. At the outset of the videotaping classroom teachers told the class that student eyes should remain on the person speaking not the camera, and that neither parents nor school officials would see or use the tape against them. Four class activity segments of at least

30 minutes were videotaped of each subject, pre and post treatment. The length of time between pre and post videotaping ranged from 5 to 7 weeks for each subject with a mean of 6 weeks. Following the VSM trials 4 segments lasting 30 minutes each of behaviors were again videotaped and behaviors rated. These recordings were made of the same activities and on the same day of the week and times as the pre VSM recordings occurred.

Rating Categories

Explicit, mutually exclusive categories of inappropriate behavior were formulated based on the principle that any two people viewing a videotape should be able to see, hear, and record the occurrence of a behavior in each category the same way at the same time in ten second intervals from viewing a videotape. Inappropriate behavior categories were revised through discussions among raters and based on practice sessions involving using the categories to make ratings. The categories of behaviors in Table 1 resulted. Hereinafter these will be called "inappropriate behavior".

Insert Table 1 about here

Observer Training Rating Procedures and Reliability

The project consultant met with all raters for nine sessions of at least two hours each to provide training, and he also served as one of the raters for six subjects during reliability checks. He had rated in similar situations with similar categories for previous experiments. One or two (when reliability checks were made) observers tallied the occurrence of a behavior from each of the five categories of inappropriate behavior for each subject in each ten-second interval. Data is reported as a percent of inappropriate

behavior. Percentages were calculated by dividing the total number of intervals in which a behavior in an inappropriate behavior category occurred by the total number of intervals observed.

The rating of each subject was made from viewing four –half hour videotape segments made and viewed two weeks prior to instituting the VSM procedure and four half-hour segments made two weeks after the procedure. Raters utilized their information about instructions/expectations of each teacher for the subject's behavior in the activity segment they were rating. Utilizing information this way helped determine if the particular behavior they observed was considered inappropriate and, therefore, should be tallied.

Reliability checks were made for a 30 minute segment for each subject prior to any other ratings being made and as a concluding part of observer training. During reliability checks observers would start their stop watches together at the same time that the replay of the videotaped activity was begun. Each observer participated in at least 3 reliability checks. Reliability used required the same frequency of a behavior category to be recorded in 30 minute rating periods by each pair of raters for each subject. It was calculated by dividing the number of agreements by the number of agreements plus disagreements. Reliabilities ranged from 1.00 to .72 with a mean of .94 for rating on individual categories of behavior and ranged from 1.00 to .91 with a mean of .97 for overall inappropriate behavior ratings. Lower reliability scores were found exclusively for lower frequency behaviors.

VSM Phase

Subjects were assigned to one of two groups on a random basis such that each group had the same number of students from each classroom. One group was designated the "VSM" group and the other the "Control" group. No intervention was made with Control group members. After the pre video-recordings were completed and rated, team members met with VSM subjects individually to discuss making VSM tapes. Staff members used records of the frequency of each category of inappropriate behavior for each subject across the four activity segments. Staff members reviewed the records with their knowledge of the specific behaviors each subject displayed in each behavior category to explain to the subject what he/she had been doing that was inappropriate. The staff described the inappropriateness of the behavior to the subjects and what they were expected to work on changing.

Staff determined what would work best to assist each student reduce inappropriate behaviors. When subjects presented multiple categories of inappropriate behaviors they were asked which one's he/she would most like to work at changing. Staff attempted to determine with each subject what needs were being met for the subject by the inappropriate behavior by asking questions such as: Why do you think you _____? Why is it hard for you to_____? Have there been times when it was easier for you to _____? What was different about those times? How are you feeling when you _____? What do you think you could do instead of_____? What could you do that would help you stop _____? How would things look and feel if you didn't _____? During the discussion

staff explored with the individual subjects ways he/she could get the consequences they wanted by behaving appropriately in school. If necessary, staff offered incentives for making videos and behaving appropriately.

Tapes were planned based on scripts written for the students to "star" in their own 3 to 5 minute video tape productions. The scripts for the tapes were based on the two behavior categories for which the highest frequency of inappropriate behaviors was recorded. Scripts were written with input from each subject that would result in subjects correcting the behavior(s) identified for modification. Scripts were written so that each subject would practice behaviors that were incompatible with the inappropriate behavior to be modified, i.e. behavior that was appropriate and when performed would not allow the inappropriate behaviors to occur. Settings of the videos involved situations/activities during which the high frequency behavior occurred in the classroom (to facilitate transfer of learning). Scenes were set for each subject according to how he/she reported perceiving situations of their inappropriate behavior (e.g. now you are in reading and you feel bored so you want to start looking around). Staff developed the scenes with the subjects on the VSM tape as close to the natural classroom setting as possible. Eleven subjects' videotapes focused on inattention and inappropriate movement; two focused on inattention and noncompliance. One tape of no more than 5 minute duration was made within about 2 weeks of completing pre videotaping for each subject.

Students were generally accepting of the idea of making tapes of themselves in which they were the "movie stars". In discussions with students attempts were made to focus the discussion on the positive aspects of making and viewing the VSM tapes that could help the students modify their behaviors. In one instance a fourth grader was reluctant

to make a tape about the high frequency occurrence of inattention. He agreed to make the tape after an incentive of candy bars was made available for his participation in producing the VSM tape. Another fourth grade student made a VSM tape on how to pay attention in Math class. He was involved in the script by answering questions asked of him by the narrator. The script focused on the student presenting a message he would utilize if he was acting as a tour guide for a student new to math class. The student was familiar with the material presented in the script and the VSM tape for him was produced within fifteen minutes. Within 1 week after each subject's VSM tape was produced, each subject was taken out of the regular classroom to an office or another classroom no more than once a day for 10 minutes or less on 6 separate days within a 2 week period of time by a project staff member who viewed the tape with them.

Results

Average Percent of Any Inappropriate Behavior in Groups

In Table 2 it can be seen that, although both groups showed a similar amount of inappropriate behavior before the VSM procedure, The VSM group showed a decrease in inappropriate behavior after the VSM procedure and the Control group did not. A two-way analysis of variance of the average percent of any inappropriate behavior pre-post by groups yielded an F of 10.43 ($df = 1$, $p < .01$) for pre-post, and an F of 9.02 ($df = 1$, $p < .01$) for interaction.

Insert Table 2 about here

Average Percent of Particular Inappropriate Behaviors in Groups

Average percentages of behaviors in particular inappropriate behavior categories are presented in Table 3. As can be seen, there were decreases for each of the types of inappropriate behavior subsequent to the VSM procedure in the VSM group and no decrease for the Control group with the exception of the Noncompliance category where there was a decrease for the Control group although not as large in magnitude as for the VSM group. Decreases were not statistically significant for the inappropriate Noise or Aggression categories, which were the lowest frequency behaviors observed. Two-way analyses of variance of average percent of particular inappropriate behavior pre to post by groups did yield an F of 5.58 ($df = 1$, $p < .05$) for pre- post, and an $F = 5.27$ ($df = 1$, $p < .05$) for interaction for Inappropriate Movement; an $F = 5.71$ ($df = 1$, $p < .05$) for interaction for Inattention; and an F of 5.70 ($df = 1$, $p < .05$) for pre-post for Noncompliance.

Insert Table 3 about here

Effects on Individual Subjects

There was some variability the effects of the VSM procedure versus the no treatment Control condition on individual subjects. All VSM subjects did show some overall decrease in inappropriate behavior pre to post, but seven Control subjects also showed some decrease. Eight VSM subjects and three Control subjects showed some decrease in Inappropriate Noise; two VSM subjects and one Control subject showed no Inappropriate Noise either pre to post. Thirteen VSM subjects and seven Control subjects showed some decrease in Aggression; one Control subject showed no Aggression pre to post. Thirteen VSM subjects and eight Control subjects showed some decrease in

Inappropriate Movement. Eleven VSM subjects and six Control subjects showed some decrease in Inattention. Twelve VSM subjects and eight Control subjects showed some decrease in Noncompliance; one Control subject showed no Noncompliance pre to post.

Discussion

It appears that the VSM procedure used in this study is effective in reducing inappropriate classroom behaviors. The decrease in inappropriate classroom behaviors was above and beyond other factors that influence students due to the passage of time, although there is some variability in individual student responsiveness and for the narrowly defined Noncompliance behaviors in particular. Statistically significant pre-post and interaction effects ($p < .01$) for overall inappropriate behavior give reliable evidence that there was a decrease in pre to post in inappropriate behavior due to the VSM procedure. The higher frequency inappropriate behaviors-Inappropriate Movement, Inattention, and Noncompliance in decreasing frequency respectively also showed statistically significant ($p < .05$) changes. The pre to post decreases in Inappropriate Movement, and Inattention appear to be attributable to the VSM procedure. The significant decrease pre to post in Noncompliance, however, is not uniquely attributable to the VSM procedure; it appears factors involved in the passage of time contributed to the observed results for Noncompliance.

It does appear that some individuals increase appropriate behavior without VSM procedural intervention, particularly prompt response to specific instruction (see Noncompliance definition), and that some benefit more from the VSM procedure than others. Future study could focus in on factors to which these findings may be attributable, as well as possible benefits of involving parents in the process.

This study did define behaviors concretely such that reliable measurement of relatively complex behaviors was possible. Raters of behaviors showed about 95% agreement on each student's specific behavior frequency over multiple half-hour periods. Use of such definitions and a procedure by school personnel could increase objectivity in making judgments about students in such things as Individual Educational Plans (IEPS), Behavior Improvement Plans (BIPS), Curriculum Standards, and criteria used to grade students. Parents could become more aware of the actual behavior of their children, of how to communicate more clearly with school personnel and their children about their behavior, and of how to participate effectively in changing inappropriate classroom behavior.

This study also presents a particular VSM procedure which can be efficiently and economically used as a model in school or home situations. It was found that a VSM tape to be reviewed by a particular student could be made with that student in as little as fifteen minutes. It appears that, in general, video is a familiar medium to elementary school children, and that they get excited about being a star in their own video. Addressing changing inappropriate behavior can become a positive, fun experience.

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Table 1.

Behavior Categories

Aggression
Student touches another student when expected not to touch, or shoves, pinches, pokes, kicks, spits at, licks or hits another student or teacher directly or with an object, or attempts to do so, or touches or grabs an object held by another person when not offered to them. Student pounds on furniture, kicks things, chews on objects or puts them in mouth , stomps feet, throws an object (including paper) , pushes objects over. Student hits, pokes, pinches, cuts, bites, or writes on self with hand or object.
Noncompliance
Student does not follow specific instructions (e.g. line up, come together in group etc.), verbal or motor (e.g. shaking head) refusal to take part in any activity, lags behind other students moving to activity. Student begins any task more than 10 seconds after instructed to begin. Teacher interacts with student verbally or physically to get student to do what student was supposed to be doing without teacher involvement (e.g. needs

directions repeated , needs prompts, refuses to participate, reports problem to teacher after instruction to work it out oneself).

Inattention.

Student looks away from where expected /told to look (including, e.g. putting head down, looking around, stares off, or looks away from person speaking.

Inappropriate Movement

Student leaves desk or carpet when instructed to stay at desk or on carpet (e.g. wanders around room, kneels on chair, does not sit cross legged on carpet when instructed/expected, lies on floor, climbs on furniture ,moves furniture). Student squirms or fidgets when in close proximity to others at a desk or table or on carpet(e.g. not sitting cross legged or arms not in lap when instructed/expected), not sitting with feet on floor when instructed/expected, removing shoes, playing with objects, hands ,hair ,etc. jumps, rolls on floor, picks nose or butt, twirls, skips, runs in halls, or puts feet on furniture (not kicking or pounding).

Inappropriate Noise.

Student talks or makes another oral noise (e.g. grunt, sigh, yell, etc.,) when expected /told to be quiet, or makes audible noise with object (not action directed toward another

person) when expected /told to be quiet. Student makes the following noises anytime: screams, calls names, swears, gun noises, verbal threats, whining, complaining, rude comments, whistling, argumentative statement with raised voice level. Student does not answer questions directly when asked question by teacher.

Table 2.

Average Percent of Any Inappropriate Behavior in Groups

	Groups	
Video Taping	VSM	Control
Pre	18.25	15.36
Post	8.55	15.00

Table 3.

Average Percent of Particular Inappropriate Behavior in Groups

	Groups	
Videotaping	VSM	Control
	Inappropriate Movement	
Pre	36.32	32.17
Post	15.35	31.87
	Inattention	
Pre	28.17	24.25
Post	15.01	26.09
	Noncompliance	
Pre	14.27	10.59
Post	5.63	5.88
	Inappropriate Noise	
Pre	7.18	4.98
Post	4.31	6.29
	Aggression	
Pre	5.31	4.71
Post	2.44	4.87

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